

American Recovery & Reinvestment Act
State of Alabama
October 2009 Monthly Update Form

PLEASE NOTE:

The fields below have been pre-populated with the information submitted in last month's Monthly Update Form.

You must complete a form for each and every grant that your agency intends to apply for and/or receive.

Data reporting range: 2/18/09 to 10/31/09

Agency/Institution: Alabama Dept. of Conservation and Natural Resources, Division of Wildlife and Freshwater Fisheries

Date of Submission: 11/09/09

The amounts entered below should represent cumulative totals for the life of the Recovery Act program/grant.

1) Grant Name	Longleaf Pine Ecosystem Restoration on Private Lands Is this grant/program subject to Section 1512 Reporting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' and you have been awarded this grant, you must fill out the <i>Internal Section 1512 ARRA Reporting Form</i> that follows.
2) CFDA Number:	15.656
3) Grant Narrative Description:	This project will foster landscape level ecosystem restoration for the longleaf pine community and will help build partnerships among the Division of Wildlife and Freshwater Fisheries, the U.S. Fish and Wildlife Service and private landowners.
4) Status of Application:	Approved with executed contract received on October 28, 2009.
5) Which type of recipient are you?	Prime Recipient <i>If sub-recipient is chosen, type the name of the Prime Recipient below and indicate if you are a delegated or non-delegated sub-recipient:</i>
6) Application Date:	September 30, 2009
7) Award Date:	Thru September 30, 2009
8) Status of Expenditures:	Expenditures on this grant will begin November 1, 2009.
9) Actual # of Jobs Created/Retained:	N/A
10) Description of Types of Actual Jobs Created / Retained:	N/A
11) ¹ARRA Funds Awarded:	\$300,000
12) ²ARRA Funds Received to date:	0
13) ³ARRA Funds Expended to date:	0
14) Performance Metric 1 (if applicable)	Provide additional performance measures for this grant/program here. <input type="checkbox"/> Annual Measure? <input checked="" type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure?
15) Performance Metric 2 (if applicable)	Provide additional performance measures for this grant/program here. <input type="checkbox"/> Annual Measure? <input checked="" type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure?
16) Performance Metric 3 (if applicable)	Provide additional performance measures for this grant/program here. <input type="checkbox"/> Annual Measure? <input type="checkbox"/> Quarterly Measure? <input type="checkbox"/> Monthly Measure?

¹ Amount Awarded - the total amount of ARRA Funds that your agency/institution is expecting to receive over the life of the grant/program.

² Amount Received to date - the total amount of ARRA funds received for the purpose of funding an applicable project or funding a sub-recipient

³ Amount Expended to date - total amount of ARRA Funds spent on ARRA projects.

17) Administration of grant/program	<p>The Division of Wildlife and Freshwater Fisheries, The Longleaf Alliance, Inc.(sub-grantee) and the U.S. Fish and Wildlife Service shall provide the necessary services needed to implement longleaf pine habitat restoration on private lands within the historic range of longleaf pine.</p> <p>Deadline for sub-grantee applications (if applicable)</p> <p>Selection criteria for sub-grantees (if applicable)</p> <p>Number of sub-grantees / sub-recipients awarded (if applicable)</p>
Other Information Details	You may type any other comments, questions, etc. here.

Agency information verified by: Jim McHugh, State Wildlife Grants Coordinator, 334-242-3874

Submit this form to: AlabamaStimulus@finance.alabama.gov

By: **November 10, 2009**

For questions, please call 334.353.2026.

American Recovery & Reinvestment Act
State of Alabama
Internal Section 1512 ARRA Reporting Form

This form will be sent monthly as an addition to the Update Form (page 1) and will serve as internal documentation for your agency, the Finance Department, and the Governor's Office. Upon initial receipt, agencies/institutions are asked to complete only questions that are applicable at this time. The remaining questions will be answered as new reporting information is provided. Once all of the information has been provided, agencies/institutions will be required to update this form only if their reporting information changes. Agencies/institutions must complete this form for each and every grant that your agency/institution acts as a prime or delegated sub-recipient.

****The information entered below should represent an accurate description of your plans for reporting. This document will be sent on a monthly basis along with the Monthly Update Form for review and/or necessary revisions. ****

1) If your agency serves as a prime recipient, has your agency registered in the Central Contractor Registration (CCR) database and further acquired a D-U-N-S number? Registration with www.FederalReporting.gov will require this information.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No D-U-N-S Number 929933406
2) Has your agency registered on www.FederalReporting.gov?	Yes
3) Which format will your agency/institution use to submit reports to www.FederalReporting.gov?	<input type="checkbox"/> Online Data Entry form provided on the website <input checked="" type="checkbox"/> Excel Spreadsheet available for download from the website <input type="checkbox"/> Custom software system extract in XML (Extensible Markup Language) Type other comments here.
4) Who will be your agency's reporting official designated to enter information to www.FederalReporting.gov. If you have multiple designated officials, how will you eliminate multiple reporting for the same Grant/Program?	<input checked="" type="checkbox"/> Single Point of data entry for this Grant/Program Traci George, Landowner Incentive Program Coordinator, 334-353-0503 <input type="checkbox"/> Multiple Officials reporting Grant/Program information Type the name and contact numbers of the designated reporting officials and the process you will use to ensure report submission assignments. Type other comments here.
5) Who will be your agency's data quality review official designated to review the data submitted by your agency? This designee will be required to review information submitted by delegated Sub-recipients.	Jim McHugh, State Wildlife Grants Coordinator, 334-242-3874
6) Who will be your agency's data corrections official responsible for making corrections to submitted information during the Data Quality Review Phase? (Data Quality Review phase for agencies	Traci George, Landowner Incentive Program Coordinator, 334-353-0503

will be from the 11 th day to the 21 st day after the end of each quarter. Only errors flagged by federal agencies will be unlocked for corrections from the 22 nd -29 th).	
7) How will you capture your Sub-recipient or Vendor data elements that will be reported to your agency?	We will capture the data in our AFNS accounting system.
8) Will any sub-grant under this Grant/Program be for an amount less than \$25,000 which would require aggregate reporting? Do you have a reporting mechanism in place for aggregate reporting?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Briefly describe what mechanism you will use for aggregate reporting here. Type other comments here.
9) Have you or do you plan to delegate any reporting requirements to a Sub-recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type other comments here.
10) What agencies/institutions will serve as delegated Sub-recipients and which format will your delegated Sub-recipients submit reports to www.FederalReporting.gov ?	Type name of agencies/institutions and corresponding format from the options below. Click here to select which format. Type other comments here.
11) Please provide the name(s) and contact number(s) for the delegated Sub-recipient's reporting official(s) designated to enter information to www.FederalReporting.gov .	Type the name(s) and contact number(s) of the designated reporting official(s) here.
12) Please provide the name(s) and contact number(s) for the delegated Sub-recipient's data quality review official(s) designated to review and correct information in www.FederalReporting.gov .	Type the name(s) and contact number(s) of the designated data quality review official(s) here.
13) Have your agency's delegated Sub-recipients registered on www.FederalReporting.gov ?	Type answer here.
14) After corrected information is posted to www.Recovery.gov by the federal agency, how will your agency ensure the timely update of its own recovery page?	Our agency will promptly update other websites as corrected information is posted to recovery.gov.